

Montana Medicaid - Fee Schedule

Dental

October 1, 2007

Refer to the Provider Manual for detailed coverage topics.

	Definitions:								
	Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.								
	For example:								
	EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)								
	Description – Procedure code description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions								
	in order to assure correct coding.								
	Effective – This is the first date of service for which the listed fee is applicable.								
	Method – Source of fee determination								
	Fee Sched: Medicaid fee; not determined using RBRVS payment schedule								
	Medicare: Medicare-prevailing fee.								
	By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply								
	Anes Value: Number of anesthesia base value units								
	RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster								
	Global – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.								
	Space: Global concept does not apply to this code								
	000: Same day as procedure								
	010: Same day and ten days following procedure								
	090: One day prior to and ninety days following procedure								
	MMM: In maternity cases, the usual global period does not apply								
	PA – Prior Authorization								
	Y: Prior authorization is required								
	Space: Prior authorization is not required								
	Note: Please review Dental Manual for explanation of limits								
	<i>CDT-5/2005 (including procedure codes, definitions (descriptions) and other data) is copyrighted by the American Dental Association. 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS Apply</i>								

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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max Age	Notes
D0120		PERIODIC ORAL EVALUATION	10/1/2007	FEE SCHED	\$21.60		0	999	Adults 1 every 6 months
D0140		LIMIT ORAL EVAL PROBLM FOCUS	10/1/2007	FEE SCHED	\$30.85		0	999	
D0150		COMPREHENSVE ORAL EVALUATION	10/1/2007	FEE SCHED	\$30.85		0	999	Initial visit for new clients; Adults 1 every 3 years
D0210		INTRAOR COMPLETE FILM SERIES	10/1/2007	FEE SCHED	\$61.70		0	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220		INTRAORAL PERIAPICAL FIRST F	10/1/2007	FEE SCHED	\$15.43		0	999	
D0230		INTRAORAL PERIAPICAL EA ADD	10/1/2007	FEE SCHED	\$7.71		0	999	
D0240		INTRAORAL OCCLUSAL FILM	10/1/2007	FEE SCHED	\$18.51		0	999	
D0250		EXTRAORAL FIRST FILM	10/1/2007	FEE SCHED	\$30.85		0	999	
D0260		EXTRAORAL EA ADDITIONAL FILM	10/1/2007	FEE SCHED	\$21.60		0	999	
D0270		DENTAL BITEWING SINGLE FILM	10/1/2007	FEE SCHED	\$15.43		0	999	Adults 4 films per year
D0272		DENTAL BITEWINGS TWO FILMS	10/1/2007	FEE SCHED	\$18.51		0	999	Adults 4 films per year
D0273		BITEWINGS - THREE FILMS	10/1/2007	FEE SCHED	\$24.68		0	999	
D0274		DENTAL BITEWINGS FOUR FILMS	10/1/2007	FEE SCHED	\$30.85		0	999	Adults 4 films per year
D0275		BITEWINGS-EACH ADDITIONAL FILM	10/1/2007	FEE SCHED	\$7.71		0	999	
D0277		VERT BITEWINGS-SEV TO EIGHT	10/1/2007	FEE SCHED	\$37.02		0	999	
D0330		DENTAL PANORAMIC FILM	10/1/2007	FEE SCHED	\$49.36		0	999	Adults 1 film every 3 years
D0340		DENTAL CEPHALOMETRIC FILM	10/1/2007	FEE SCHED	\$61.70		0	999	Adults 1 full mouth every 3 years
D0350		ORAL/FACIAL PHOTO IMAGES	10/1/2007	FEE SCHED	\$30.85		0	999	
D0360		CONE BEAM CT	1/1/2007	BY REPORT	\$0.00		0	999	
D0362		CONE BEAM, TWO DIMENSIONAL	1/1/2007	BY REPORT	\$0.00		0	999	
D0363		CONE BEAM, THREE DIMENSIONAL	1/1/2007	BY REPORT	\$0.00		0	999	
D0460		PULP VITALITY TEST	10/1/2007	FEE SCHED	\$24.68		0	20	
D0470		DIAGNOSTIC CASTS	10/1/2007	FEE SCHED	\$38.56		18	20	
D0486		ACCESSION OF BRUSH BIOPSY	1/1/2007	BY REPORT	\$0.00		0	999	
D1110		DENTAL PROPHYLAXIS ADULT	10/1/2007	FEE SCHED	\$46.28		18	999	Every 6 months
D1120		DENTAL PROPHYLAXIS CHILD	10/1/2007	FEE SCHED	\$30.85		0	17	
D1203		TOPICAL FLUOR W/O PROPHY CHI	10/1/2007	FEE SCHED	\$15.43		0	17	
D1204		TOPICAL FLUOR W/O PROPHY ADU	10/1/2007	FEE SCHED	\$15.43		18	999	Every 6 months
D1206		TOPICAL FLUORIDE VARNISH	10/1/2007	FEE SCHED	\$80.21		0	20	Mod-high risk
D1351		DENTAL SEALANT PER TOOTH	10/1/2007	FEE SCHED	\$24.68		0	20	
D1510		SPACE MAINTAINER FXD UNILAT	10/1/2007	FEE SCHED	\$123.40		0	20	
D1515		FIXED BILAT SPACE MAINTAINER	10/1/2007	FEE SCHED	\$185.10		0	20	
D1550		RECEMENT SPACE MAINTAINER	10/1/2007	FEE SCHED	\$37.02		0	20	
D1555		REMOVE FIX SPACE MAINTAINER	1/1/2007	BY REPORT	\$0.00		0	20	
D2140		AMALGAM ONE SURFACE PERMANEN	10/1/2007	FEE SCHED	\$61.70		0	999	
D2150		AMALGAM TWO SURFACES PERMANE	10/1/2007	FEE SCHED	\$67.87		0	999	
D2160		AMALGAM THREE SURFACES PERMA	10/1/2007	FEE SCHED	\$83.30		0	999	
D2161		AMALGAM 4 OR > SURFACES PERM	10/1/2007	FEE SCHED	\$101.81		0	999	
D2330		RESIN ONE SURFACE-ANTERIOR	10/1/2007	FEE SCHED	\$61.70		0	999	
D2331		RESIN TWO SURFACES-ANTERIOR	10/1/2007	FEE SCHED	\$92.55		0	999	
D2332		RESIN THREE SURFACES-ANTERIO	10/1/2007	FEE SCHED	\$107.98		0	999	

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D2335		RESIN 4/> SURF OR W INCIS AN	10/1/2007	FEE SCHED	\$123.40		0	999	
D2390		ANT RESIN-BASED CMPST CROWN	10/1/2007	FEE SCHED	\$209.78		0	999	
D2391		POST 1 SRFC RESINBASED CMPST	10/1/2007	FEE SCHED	\$61.70		0	999	
D2392		POST 2 SRFC RESINBASED CMPST	10/1/2007	FEE SCHED	\$123.40		0	999	
D2393		POST 3 SRFC RESINBASED CMPST	10/1/2007	FEE SCHED	\$166.59		0	999	
D2394		POST >=4SRFC RESINBASED CMPST	10/1/2007	FEE SCHED	\$175.85		0	999	
D2710		CROWN RESIN-BASED INDIRECT	10/1/2007	FEE SCHED	\$308.50		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2712		CROWN 3/4 RESIN-BASED COMPOS	10/1/2007	FEE SCHED	\$456.58		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2720		CROWN RESIN W/ HIGH NOBLE ME	10/1/2007	FEE SCHED	\$617.00		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2721		CROWN RESIN W/ BASE METAL	10/1/2007	FEE SCHED	\$462.75		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2722		CROWN RESIN W/ NOBLE METAL	10/1/2007	FEE SCHED	\$524.45		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740		CROWN PORCELAIN/CERAMIC SUBS	10/1/2007	FEE SCHED	\$617.00		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2750		CROWN PORCELAIN W/ H NOBLE M	10/1/2007	FEE SCHED	\$678.70	Y	0	20	PA for posterior teeth
D2751		CROWN PORCELAIN FUSED BASE M	10/1/2007	FEE SCHED	\$493.60	Y	0	999	PA for anterior and posterior teeth for adults 18+
D2752		CROWN PORCELAIN W/ NOBLE MET	10/1/2007	FEE SCHED	\$555.30		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2780		CROWN 3/4 CAST HI NOBLE MET	10/1/2007	FEE SCHED	\$555.30		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2781		CROWN 3/4 CAST BASE METAL	10/1/2007	FEE SCHED	\$401.05	Y	0	999	PA for anterior and posterior teeth for adults 18+
D2782		CROWN 3/4 CAST NOBLE METAL	10/1/2007	FEE SCHED	\$462.75		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2783		CROWN 3/4 PORCELAIN/CERAMIC	10/1/2007	FEE SCHED	\$586.15		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2790		CROWN FULL CAST HIGH NOBLE M	10/1/2007	FEE SCHED	\$586.15		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791		CROWN FULL CAST BASE METAL	10/1/2007	FEE SCHED	\$431.90	Y	0	999	PA for anterior and posterior teeth for adults 18+
D2792		CROWN FULL CAST NOBLE METAL	10/1/2007	FEE SCHED	\$493.60		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794		CROWN-TITANIUM	10/1/2007	FEE SCHED	\$492.98		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799		PROVISIONAL CROWN	10/1/2007	FEE SCHED	\$308.50		0	20	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910		RECEMENT INLAY ONLAY OR PART	10/1/2007	FEE SCHED	\$46.28		0	999	Clients with Full Medicaid; 1 every 5 years
D2920		DENTAL RECEMENT CROWN	10/1/2007	FEE SCHED	\$46.28		0	999	Clients with Full Medicaid; 1 every 5 years
D2930		PREFAB STNLSS STEEL CRWN PRI	10/1/2007	FEE SCHED	\$123.40		0	999	Clients with Full Medicaid; 1 every 5 years
D2931		PREFAB STNLSS STEEL CROWN PE	10/1/2007	FEE SCHED	\$185.10		0	999	Clients with Full Medicaid; 1 every 5 years
D2932		PREFABRICATED RESIN CROWN	10/1/2007	FEE SCHED	\$148.08		0	999	Clients with Full Medicaid; 1 every 5 years
D2933		PREFAB STAINLESS STEEL CROWN	10/1/2007	FEE SCHED	\$138.83		0	999	Clients with Full Medicaid; 1 every 5 years
D2940		DENTAL SEDATIVE FILLING	10/1/2007	FEE SCHED	\$46.28		0	999	Clients with Full Medicaid; 1 every 5 years
D2950		CORE BUILD-UP INCL ANY PINS	10/1/2007	FEE SCHED	\$123.40		0	999	Clients with Full Medicaid; 1 every 5 years
D2951		TOOTH PIN RETENTION	10/1/2007	FEE SCHED	\$30.85		0	20	Clients with Full Medicaid; 1 every 5 years
D2952		POST AND CORE CAST + CROWN	10/1/2007	FEE SCHED	\$246.80		0	999	Clients with Full Medicaid; 1 every 5 years
D2953		EACH ADDTNL CAST POST	10/1/2007	FEE SCHED	\$200.53		0	999	Clients with Full Medicaid; 1 every 5 years
D2954		PREFAB POST/CORE + CROWN	10/1/2007	FEE SCHED	\$154.25		0	999	Clients with Full Medicaid; 1 every 5 years
D2957		EACH ADDTNL PREFAB POST	10/1/2007	FEE SCHED	\$107.98		0	999	Clients with Full Medicaid; 1 every 5 years
D2960		LAMINATE LABIAL VENEER	10/1/2007	FEE SCHED	\$185.10		0	999	Clients with Full Medicaid; 1 every 5 years
D2961		LAB LABIAL VENEER RESIN	10/1/2007	FEE SCHED	\$308.50		0	999	Clients with Full Medicaid; 1 every 5 years
D2962		LAB LABIAL VENEER PORCELAIN	10/1/2007	FEE SCHED	\$444.24		0	999	Clients with Full Medicaid; 1 every 5 years
D2980		CROWN REPAIR	10/1/2007	FEE SCHED	\$126.49		0	999	Clients with Full Medicaid; 1 every 5 years

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D2999		DENTAL UNSPEC RESTORATIVE PR	7/1/2001	BY REPORT	\$0.00		0	999	Clients with Full Medicaid; 1 every 5 years
D3110		PULP CAP DIRECT	10/1/2007	FEE SCHED	\$38.56		0	999	
D3120		PULP CAP INDIRECT	10/1/2007	FEE SCHED	\$30.85		0	999	
D3220		THERAPEUTIC PULPOTOMY	10/1/2007	FEE SCHED	\$92.55		0	20	
D3221		GROSS PULPAL DEBRIDEMENT	10/1/2007	FEE SCHED	\$123.40		0	999	
D3230		PULPAL THERAPY ANTERIOR PRIM	10/1/2007	FEE SCHED	\$101.81		0	20	
D3240		PULPAL THERAPY POSTERIOR PRI	10/1/2007	FEE SCHED	\$114.15		0	20	
D3310		ANTERIOR	10/1/2007	FEE SCHED	\$314.67		0	999	
D3320		ROOT CANAL THERAPY 2 CANALS	10/1/2007	FEE SCHED	\$354.78		0	999	
D3330		ROOT CANAL THERAPY 3 CANALS	10/1/2007	FEE SCHED	\$431.90		0	999	
D3331		NON-SURG TX ROOT CANAL OBS	10/1/2007	FEE SCHED	\$311.59		0	999	
D3346		RETREAT ROOT CANAL ANTERIOR	10/1/2007	FEE SCHED	\$339.35		0	999	
D3347		RETREAT ROOT CANAL BICUSPID	10/1/2007	FEE SCHED	\$413.39		0	999	
D3348		RETREAT ROOT CANAL MOLAR	10/1/2007	FEE SCHED	\$509.03		0	999	
D3410		APICOECT/PERIRAD SURG ANTER	10/1/2007	FEE SCHED	\$280.74		0	20	
D3421		ROOT SURGERY BICUSPID	10/1/2007	FEE SCHED	\$323.93		0	20	
D3425		ROOT SURGERY MOLAR	10/1/2007	FEE SCHED	\$360.95		0	20	
D3426		ROOT SURGERY EA ADD ROOT	10/1/2007	FEE SCHED	\$299.25		0	20	
D3430		RETROGRADE FILLING	10/1/2007	FEE SCHED	\$92.55		0	999	
D4210		GINGIVECTOMY/PLASTY PER QUAD	10/1/2007	FEE SCHED	\$293.08		0	20	1 quadrant = 1 unit of service
D4211		GINGIVECTOMY/PLASTY PER TOOT	10/1/2007	FEE SCHED	\$252.97		0	20	
D4230		ANA CROWN EXP 4 OR> PER QUAD	1/1/2007	BY REPORT	\$0.00		0	20	1 quadrant = 1 unit of service
D4231		ANA CROWN EXP 1-3 PER QUAD	1/1/2007	BY REPORT	\$0.00		0	20	1 quadrant = 1 unit of service
D4240		GINGIVAL FLAP PROC W/ PLANIN	10/1/2007	FEE SCHED	\$336.27		0	20	
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH	10/1/2007	FEE SCHED	\$95.64		0	20	
D4260		OSSEOUS SURGERY PER QUADRANT	10/1/2007	FEE SCHED	\$493.60		0	999	1 quadrant = 1 unit of service
D4261		OSSEOUS SURGL-3TEETHPERQUAD	10/1/2007	FEE SCHED	\$246.80		0	999	1 quadrant = 1 unit of service
D4270		PEDICLE SOFT TISSUE GRAFT PR	10/1/2007	FEE SCHED	\$376.37		0	999	
D4271		FREE SOFT TISSUE GRAFT PROC	10/1/2007	FEE SCHED	\$388.71		0	999	
D4320		PROVISION SPLNT INTRACORONAL	10/1/2007	FEE SCHED	\$209.78		0	999	
D4321		PROVISIONAL SPLINT EXTRACORO	10/1/2007	FEE SCHED	\$185.10		0	999	
D4341		PERIODONTAL SCALING & ROOT	10/1/2007	FEE SCHED	\$154.25		0	999	
D4342		PERIODONTAL SCALING 1-3TEETH	10/1/2007	FEE SCHED	\$83.30		0	999	
D4355		FULL MOUTH DEBRIDEMENT	10/1/2007	FEE SCHED	\$77.13		0	999	
D4910		PERIODONTAL MAINT PROCEDURES	10/1/2007	FEE SCHED	\$61.70		0	999	
D4920		UNSCHEDULED DRESSING CHANGE	10/1/2007	FEE SCHED	\$40.11		0	999	
D4999		UNSPECIFIED PERIODONTAL PROC	7/1/2001	BY REPORT	\$0.00		0	999	
D5110		DENTURES COMPLETE MAXILLARY	10/1/2007	FEE SCHED	\$771.25		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120		DENTURES COMPLETE MANDIBLE	10/1/2007	FEE SCHED	\$771.25		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130		DENTURES IMMEDIAT MAXILLARY	10/1/2007	FEE SCHED	\$848.38		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140		DENTURES IMMEDIAT MANDIBLE	10/1/2007	FEE SCHED	\$848.38		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.

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D5211		DENTURES MAXILL PART RESIN	10/1/2007	FEE SCHED	\$524.45		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212		DENTURES MAND PART RESIN	10/1/2007	FEE SCHED	\$546.05		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213		DENTURES MAXILL PART METAL	10/1/2007	FEE SCHED	\$925.50		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214		DENTURES MANDIBL PART METAL	10/1/2007	FEE SCHED	\$925.50		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225		MAXILLARY PART DENTURE FLEX	10/1/2007	FEE SCHED	\$677.47		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226		MANDIBULAR PART DENTURE FLEX	10/1/2007	FEE SCHED	\$678.70		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410		DENTURES ADJUST CMPLT MAXIL	10/1/2007	FEE SCHED	\$37.02		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5411		DENTURES ADJUST CMPLT MAND	10/1/2007	FEE SCHED	\$37.02		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5421		DENTURES ADJUST PART MAXILL	10/1/2007	FEE SCHED	\$37.02		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5422		DENTURES ADJUST PART MANDBL	10/1/2007	FEE SCHED	\$37.02		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5510		DENTUR REPR BROKEN COMPL BAS	10/1/2007	FEE SCHED	\$92.55		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5520		REPLACE DENTURE TEETH COMPLT	10/1/2007	FEE SCHED	\$61.70		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5610		DENTURES REPAIR RESIN BASE	10/1/2007	FEE SCHED	\$92.55		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5620		REP PART DENTURE CAST FRAME	10/1/2007	FEE SCHED	\$126.49		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5630		REP PARTIAL DENTURE CLASP	10/1/2007	FEE SCHED	\$114.15		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5640		REPLACE PART DENTURE TEETH	10/1/2007	FEE SCHED	\$92.55		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5650		ADD TOOTH TO PARTIAL DENTURE	10/1/2007	FEE SCHED	\$92.55		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5660		ADD CLASP TO PARTIAL DENTURE	10/1/2007	FEE SCHED	\$154.25		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5710		DENTURES REBASE CMPLT MAXIL	10/1/2007	FEE SCHED	\$308.50		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5711		DENTURES REBASE CMPLT MAND	10/1/2007	FEE SCHED	\$308.50		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5720		DENTURES REBASE PART MAXILL	10/1/2007	FEE SCHED	\$246.80		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5721		DENTURES REBASE PART MANDBL	10/1/2007	FEE SCHED	\$246.80		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5730		DENTURE RELN CMPLT MAXIL CH	10/1/2007	FEE SCHED	\$185.10		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5731		DENTURE RELN CMPLT MAND CHR	10/1/2007	FEE SCHED	\$185.10		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5740		DENTURE RELN PART MAXIL CHR	10/1/2007	FEE SCHED	\$154.25		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5741		DENTURE RELN PART MAND CHR	10/1/2007	FEE SCHED	\$154.25		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5750		DENTURE RELN CMPLT MAX LAB	10/1/2007	FEE SCHED	\$246.80		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5751		DENTURE RELN CMPLT MAND LAB	10/1/2007	FEE SCHED	\$246.80		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5760		DENTURE RELN PART MAXIL LAB	10/1/2007	FEE SCHED	\$246.80		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5761		DENTURE RELN PART MAND LAB	10/1/2007	FEE SCHED	\$246.80		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5820		DENTURE INTERM PART MAXILL	10/1/2007	FEE SCHED	\$308.50		0	20	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5821		DENTURE INTERM PART MANDBL	10/1/2007	FEE SCHED	\$308.50		0	20	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5850		TISSUE CONDITIONING, MAXILLARY	10/1/2007	FEE SCHED	\$80.21		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5851		TISSUE CONDITIONING, MANDIBULAR	10/1/2007	FEE SCHED	\$80.21		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5899		REMOVABLE PROSTHODONTIC PROC	1/1/1998	BY REPORT	\$0.00		0	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D6205		PONTIC-INDIRECT RESIN BASED	10/1/2007	FEE SCHED	\$458.43		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6210		PROSTHODONT HIGH NOBLE METAL	10/1/2007	FEE SCHED	\$617.00		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6211		BRIDGE BASE METAL CAST	10/1/2007	FEE SCHED	\$431.90		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6212		BRIDGE NOBLE METAL CAST	10/1/2007	FEE SCHED	\$493.60		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6214		PONTIC TITANIUM	10/1/2007	FEE SCHED	\$481.26		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6240		BRIDGE PORCELAIN HIGH NOBLE	10/1/2007	FEE SCHED	\$678.70		0	20	Limited to Anterior teeth (6-11 and 22-27)

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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max Age	Notes
D6241		BRIDGE PORCELAIN BASE METAL	10/1/2007	FEE SCHED	\$555.30		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6242		BRIDGE PORCELAIN NOBEL METAL	10/1/2007	FEE SCHED	\$617.00		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6245		BRIDGE PORCELAIN/CERAMIC	10/1/2007	FEE SCHED	\$465.84		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6250		BRIDGE RESIN W/HIGH NOBLE	10/1/2007	FEE SCHED	\$617.00		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6251		BRIDGE RESIN BASE METAL	10/1/2007	FEE SCHED	\$431.90		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6252		BRIDGE RESIN W/NOBLE METAL	10/1/2007	FEE SCHED	\$555.30		0	20	Limited to Anterior teeth (6-11 and 22-27)
D6710		CROWN-INDIRECT RESIN BASED	10/1/2007	FEE SCHED	\$496.69		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6720		RETAIN CROWN RESIN W HI NBLE	10/1/2007	FEE SCHED	\$617.00		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6721		CROWN RESIN W/BASE METAL	10/1/2007	FEE SCHED	\$462.75		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6722		CROWN RESIN W/NOBLE METAL	10/1/2007	FEE SCHED	\$524.45		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6740		CROWN PORCELAIN/CERAMIC	10/1/2007	FEE SCHED	\$493.60		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6750		CROWN PORCELAIN HIGH NOBLE	10/1/2007	FEE SCHED	\$740.40		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6751		CROWN PORCELAIN BASE METAL	10/1/2007	FEE SCHED	\$493.60		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6752		CROWN PORCELAIN NOBLE METAL	10/1/2007	FEE SCHED	\$617.00		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6780		CROWN 3/4 HIGH NOBLE METAL	10/1/2007	FEE SCHED	\$586.15		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6781		CROWN 3/4 CAST BASED METAL	10/1/2007	FEE SCHED	\$481.26		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6782		CROWN 3/4 CAST NOBLE METAL	10/1/2007	FEE SCHED	\$484.35		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6783		CROWN 3/4 PORCELAIN/CERAMIC	10/1/2007	FEE SCHED	\$487.43		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6790		CROWN FULL HIGH NOBLE METAL	10/1/2007	FEE SCHED	\$586.15		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6791		CROWN FULL BASE METAL CAST	10/1/2007	FEE SCHED	\$431.90		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6792		CROWN FULL NOBLE METAL CAST	10/1/2007	FEE SCHED	\$524.45		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6794		CROWN TITANIUM	10/1/2007	FEE SCHED	\$453.50		0	20	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6930		DENTAL RECEMENT BRIDGE	10/1/2007	FEE SCHED	\$61.70		0	20	
D6950		PRECISION ATTACHMENT	10/1/2007	FEE SCHED	\$246.80		0	999	
D6980		BRIDGE REPAIR	10/1/2007	FEE SCHED	\$160.42		0	20	
D6999		FIXED PROSTHODONTIC PROC	1/1/1998	BY REPORT	\$0.00		0	999	
D7111		EXTRACTION CORONAL REMNANTS	10/1/2007	FEE SCHED	\$61.70		0	999	
D7140		EXTRACTION ERUPTED TOOTH/EXR	10/1/2007	FEE SCHED	\$67.87		0	999	Includes local anesthesia, suturing, and post-op care.
D7210		REM IMP TOOTH W MUCOPER FLP	10/1/2007	FEE SCHED	\$123.40		0	999	
D7220		IMPACT TOOTH REMOV SOFT TISS	10/1/2007	FEE SCHED	\$141.91		0	999	
D7230		IMPACT TOOTH REMOV PART BONY	10/1/2007	FEE SCHED	\$185.10		0	999	
D7240		IMPACT TOOTH REMOV COMP BONY	10/1/2007	FEE SCHED	\$222.12		0	999	
D7241		IMPACT TOOTH REM BONY W/COMP	10/1/2007	FEE SCHED	\$308.50		0	999	
D7250		TOOTH ROOT REMOVAL	10/1/2007	FEE SCHED	\$123.40		0	999	
D7270		TOOTH REIMPLANTATION	10/1/2007	FEE SCHED	\$222.12		0	999	
D7280		EXPOSURE IMPACT TOOTH ORTHOD	10/1/2007	FEE SCHED	\$185.10		0	999	
D7282		MOBILIZE ERUPTED/MALPOS TOOT	10/1/2007	FEE SCHED	\$61.70		0	999	
D7310		ALVEOPLASTY W/ EXTRACTION	10/1/2007	FEE SCHED	\$129.57		0	999	Per quadrant
D7320		ALVEOPLASTY W/O EXTRACTION	10/1/2007	FEE SCHED	\$163.51		0	999	Per quadrant
D7321		ALVEOLOPLASTY NOT W/EXTRACTS	10/1/2007	FEE SCHED	\$237.55		0	999	Per quadrant
D7510		I&D ABSC INTRAORAL SOFT TISS	10/1/2007	FEE SCHED	\$83.30		0	999	

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D7511		INCISION/DRAIN ABSCESS INTRA	10/1/2007	FEE SCHED	\$136.36		0	999	
D7520		I&D ABSCESS EXTRAORAL	10/1/2007	FEE SCHED	\$185.10		0	999	
D7521		INCISION/DRAIN ABSCESS EXTRA	10/1/2007	FEE SCHED	\$219.65		0	999	
D7540		REMOVAL OF FB REACTION	10/1/2007	FEE SCHED	\$262.23		0	999	
D7550		REMOVAL OF SLOUGHED OFF BONE	10/1/2007	FEE SCHED	\$215.95		0	999	
D7560		MAXILLARY SINUSOTOMY	10/1/2007	FEE SCHED	\$401.05		0	999	
D7910		DENT SUTUR RECENT WND TO 5CM	10/1/2007	FEE SCHED	\$425.73		0	999	
D7911		DENTAL SUTURE WOUND TO 5 CM	10/1/2007	FEE SCHED	\$166.59		0	999	
D7912		SUTURE COMPLICATE WND > 5 CM	10/1/2007	FEE SCHED	\$246.80		0	999	
D7951		SINUS AUG W BONE/BONE SUP	1/1/2007	BY REPORT	\$0.00		0	20	
D7970		EXCISION HYPERPLASTIC TISSUE	10/1/2007	FEE SCHED	\$1,480.80		0	20	
D7998		INTRAORAL PLACE OF FIX DEV	1/1/2007	BY REPORT	\$0.00		0	20	
D8050		INTERCEP DENTAL TX PRIMARY	10/1/2007	FEE SCHED	\$1,018.05	Y	0	20	
D8060		INTERCEP DENTAL TX TRANSITN	10/1/2007	FEE SCHED	\$1,141.45	Y	0	20	
D8070		COMPRE DENTAL TX TRANSITION	10/1/2007	FEE SCHED	\$2,807.35	Y	0	20	
D8080		COMPRE DENTAL TX ADOLESCENT	10/1/2007	FEE SCHED	\$2,807.35	Y	0	20	
D8090		COMPRE DENTAL TX ADULT	10/1/2007	FEE SCHED	\$2,930.75	Y	0	20	
D8220		FIXED APPLIANCE THERAPY HABT	10/1/2007	FEE SCHED	\$441.16		0	999	
D8670		PERIODIC ORTHODONTIC TX VISIT	10/1/2007	FEE SCHED	\$83.30	Y	0	20	
D9110		TX DENTAL PAIN MINOR PROC	10/1/2007	FEE SCHED	\$61.70		0	999	
D9220		GENERAL ANESTHESIA	10/1/2007	FEE SCHED	\$169.68		0	999	
D9221		GENERAL ANESTHESIA EA AD 15M	10/1/2007	FEE SCHED	\$61.70		0	999	
D9230		ANALGESIA	10/1/2007	FEE SCHED	\$27.77		0	12	
D9241		INTRAVENOUS SEDATION	10/1/2007	FEE SCHED	\$185.10		0	999	First 30 minutes
D9242		IV SEDATION EA AD 30 M	10/1/2007	FEE SCHED	\$69.41		0	999	
D9248		SEDATION (NON-IV)	10/1/2007	FEE SCHED	\$137.28		0	999	
D9310		DENTAL CONSULTATION	10/1/2007	FEE SCHED	\$49.36		0	999	
D9410		DENTAL HOUSE CALL	10/1/2007	FEE SCHED	\$92.55		0	999	
D9420		HOSPITAL CALL	10/1/2007	FEE SCHED	\$92.55		0	999	
D9440		OFFICE VISIT AFTER HOURS	10/1/2007	FEE SCHED	\$61.70		0	999	
D9612		THERA PAR DRUGS 2 OR > ADMIN	10/1/2007	FEE SCHED	\$61.70		0	999	
D9630		OTHER DRUGS/MEDICAMENTS	10/1/2007	FEE SCHED	\$15.43		0	999	
D9920		BEHAVIOR MANAGEMENT	10/1/2007	FEE SCHED	\$49.36		0	999	15 min = 1 unit; Limit 12 units per year; max 4 units per visit
D9999		ADJUNCTIVE PROCEDURE	7/1/2003	BY REPORT	\$0.00		0	999	